

**DEPARTMENT OF HEALTH CARE SERVICES COMPUTER FILES
RELEASE/ACCESS OF THE MEDI-CAL PROGRAM****CONFIDENTIALITY OATH**

As a condition of obtaining access to information concerning procedure or other data and records utilized/maintained by the California Department of Health Care Services, I agree not to divulge any information obtained in the course of my assigned duties to unauthorized persons, and I agree not to publish or otherwise make public any information regarding persons(s) receiving Medi-Cal services such that the persons who received such services are identifiable.

Access to such data shall be limited to state and federal personnel who require the information in the performance of their duties, and to such others as may be authorized by the California Department of Health Care Services.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code, Section 14100.2.

County

Signature of Medi-Cal Inquiry Screen User ➤	Date
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Return completed form to:

California Department of Health Care Services
Children's Medical Services Branch
Information Technology Section
MS 8106
P.O. Box 997413
Sacramento, CA 95899-7413

Fax: (916) 327-0997